

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number (If known)			

MICHELLE M. WILSON
CLERK, USBC MIW Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>15,000</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>56,399.87</u>
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>71,399.27</u>

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D.....	\$ <u>165,911.33</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ <u>0</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$ <u>0</u>

Your total liabilities

\$ 165,911.33**Part 3: Summarize Your Income and Expenses**4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....

\$ 05. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$ -702

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ _____

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ _____

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ _____

9d. Student loans. (Copy line 6f.) \$ _____

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ _____

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ _____

9g. **Total.** Add lines 9a through 9f. \$ _____

Fill in this information to identify your case and this filing:

FILED AM 8:51
2025 APR 7

Debtor 1	First Name	Glen	Middle Name	Thompson	Last Name
Debtor 2	(Spouse, if filing) First Name		Middle Name		Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Michigan</u>					
Case number: _____					

MICHELLE M. WILSON
CLERK, USBC MIW Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

 No. Go to Part 2. Yes. Where is the property?1.1. 220 Pearl Street
Street address, if available, or other descriptionCadillac Michigan 49601
City State ZIP CodeWexford
County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ 71,100.00 Current value of the portion you own? \$ 15,000Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

_____ Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: 88-10-076-00-058-00

If you own or have more than one, list here:

1.2. Street address, if available, or other description

_____City State ZIP Code

_____County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

_____ Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

1.3.

Street address, if available, or other description _____

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

City _____ State _____ ZIP Code _____

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

County _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 15,000

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

 No Yes3.1. Make: DodgeModel: Ram 1500

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Year: 2003Approximate mileage: 150,000

Other information:

in Trust Check if this is community property (see instructions)Current value of the entire property? \$ 3756 00 Current value of the portion you own? \$ 100% equitable use

If you own or have more than one, describe here:

3.2. Make: _____

Who has an interest in the property? Check one.

Model: _____

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Year: _____

Current value of the entire property? _____ Current value of the portion you own? _____

Approximate mileage: _____

 Check if this is community property (see instructions)

\$ _____ \$ _____

Other information:

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

3.3. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? _____ Current value of the portion you own? _____

\$ _____ \$ _____

3.4. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? _____ Current value of the portion you own? _____

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? _____ Current value of the portion you own? _____

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? _____ Current value of the portion you own? _____

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

Debtor 1

David Glen Thompson

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....

Appliances / Furniture

\$ 400.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

Television/Computer/Phone

\$ 300.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

Books

\$ 150.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

Mountain Bk / Pool table

\$ 600.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....

\$ _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Everyday clothes Shoes Boots

\$ 200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Silver necklace

\$ 50.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

2 dogs 1 cat

\$ 125.00

14. Any other personal and household items you did not already list, including any health aids you did not list

 No Yes. Give specific information.

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

→ \$ 1825.00

Debtor 1

David Glen Thompson

First Name

Middle Name

Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....

Cash:

\$ 20.00**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. Checking account:

North Carolina State Employees Credit Union \$ 740.00

17.2. Checking account:

Fifth Third \$ 5.00

17.3. Savings account:

North Carolina State Employees Credit Union 25.62

17.4. Savings account:

North Carolina State Employees Credit Union 25.76

17.5. Certificates of deposit:

US Bank \$

17.6. Other financial account:

North Carolina State Employees Credit Union \$ UNKNOWN

17.7. Other financial account:

North Carolina State Employees Credit Union \$ 200.00

17.8. Other financial account:

North Carolina State Employees Credit Union \$ -500.00

17.9. Other financial account:

\$**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

\$
\$
\$**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

Delta Tango LLC

% of ownership:

0% %

0% %

0% %

\$ 0

\$

\$

Debtor 1

David Glen Thompson

First Name

Middle Name

Last Name

Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

State of California
United StatesUnAssessed\$ Unknown\$ Unknown\$**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan:

\$

Pension plan:

\$

IRA:

\$

Retirement account:

\$

Keogh:

\$

Additional account:

\$

Additional account:

\$

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric:

Consumers\$ 75.00

Gas:

\$

Heating oil:

\$

Security deposit on rental unit:

\$

Prepaid rent:

\$

Telephone:

\$

Water:

\$

Rented furniture:

\$

Other:

Land Contract\$ -54,000.00**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes.....

Issuer name and description:

 \$
\$
\$

Debtor 1

David Glen Thompson

First Name

Middle Name

Last Name

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

 No Yes. Give specific information about them....Equitable use of Dodge Ram 2003 \$ 3756⁰⁰

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

name change decree Spr 89363 \$ unknown

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

Drivers license Bond \$ unknown

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

 No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Unclaimed Child Tax credits

Federal:	\$ Unknown Value
State:	\$ Unknown value
Local:	\$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

Arrears Support
Case# 2024-3559-FT
21-104-84-DC
913106133

Alimony:	\$ _____
Maintenance:	\$ _____
Support:	\$ 40,000 +/-
Divorce settlement:	\$ _____
Property settlement:	\$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

V.A. Disability

\$2,250 month

Debtor 1

David Glen Thompson

First Name Middle Name

Last Name

Case number (if known) _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....

_____	\$ _____
-------	----------

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.

Subrogation Predemption MINOR Securitier Account	UNASSESSED
Unknown	Value

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

 No Yes. Describe each claim.

Subrogation right of Creditors	\$ UNKNOWN
--------------------------------	------------

35. Any financial assets you did not already list

 No Yes. Give specific information.....

Rent Profits and proceeds in mortgage in new deal	\$ UNKNOWN
---	------------

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

→

UNASSESSED
\$ UNKNOWN

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

 No Yes. Describe.....

_____	\$ _____
-------	----------

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.....

_____	\$ _____
-------	----------

Debtor 1

David Glen Thompson

First Name Middle Name Last Name

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.....

	\$ _____
--	----------

41. Inventory

 No Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures

 No Yes. Describe..... Name of entity:

% of ownership:

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list

 No Yes. Give specific information

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ _____	\$ _____
----------	----------

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
--	----------

Debtor 1

David Glen Thompson

First Name Middle Name Last Name

Case number (if known) _____

48. Crops—either growing or harvested

No

Yes. Give specific information.....

	\$ _____
--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes.....

	\$ _____
--	----------

50. Farm and fishing supplies, chemicals, and feed

No

Yes.....

	\$ _____
--	----------

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Give specific information.....

	\$ _____
--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

	\$ _____
--	----------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

<p>International Bills of Exchange held by Missaukee County Prosecutor David Denhauter and Wexford County Treasurer</p>	<p>\$ 27,000 \$ 20,000 38,0827</p>
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54. Add the dollar value of all of your entries from Part 7. Write that number here →

	\$ 50,898 27
--	--------------

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 1,15,000

56. Part 2: Total vehicles, line 5 \$ 3756.00

57. Part 3: Total personal and household items, line 15 \$ 1,825 00

58. Part 4: Total financial assets, line 36 \$ Unknown UnAssessed

59. Part 5: Total business-related property, line 45 \$ 0

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0

61. Part 7: Total other property not listed, line 54 + \$ 50,818 27

62. Total personal property. Add lines 56 through 61. → \$ 71,399 27 Copy personal property total → + \$ 71,399 27

63. Total of all property on Schedule A/B. Add line 55 + line 62. → \$ 71,399 27

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number (If known) _____			

MICHELLE M. WILSON
CLERK, USBC MW Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>
Brief description: <i>V.A. Disability</i>	\$ 2250	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 522(d)(10)
Line from <i>Schedule A/B</i> : _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B</i> : _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B</i> : _____			

3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No
 Yes

Fill in this information to identify your case:

Debtor 1	First Name	David	Middle Name	Glen	Last Name	Thompson
Debtor 2 (Spouse, if filing)	First Name					Last Name
United States Bankruptcy Court for the:		District of				
Case number (If known)						

MICHELLE M. WILSON
CLERK, USBC MIW Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
\$ UNKNOWN UNASSESSED	\$ UNKNOWN UNASSESSED	\$ UNKNOWN UNASSESSED

2.1 United States

Describe the property that secures the claim:

Creditor's Name
Department of TreasuryNumber Street
1500 Pennsylvania Avenue
Washington DC 20220mortgage on home and other
property

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a
community debt

Date debt was incurred 6-22-72

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured
car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Right to offset & discharge

Last 4 digits of account number 7748

2.2 Thompson David Glen

Describe the property that secures the claim:

Creditor's Name
220 Pearl StreetNumber Street
Cadillac Michigan 49601Home and other rights of
property\$ UNKNOWN \$ UNKNOWN \$ UNKNOWN
UNASSESSED UNASSESSED UNASSESSED

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a
community debt

Date debt was incurred 6-22-72

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured
car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Right to offset & discharge

Last 4 digits of account number 7748

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ UNKNOWN

Debtor 1

David Glen Thompson

First Name Middle Name

Last Name

Case number (if known)

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
Do not deduct the
value of collateral.Column B
Value of collateral
that supports this
claimColumn C
Unsecured
portion
if any

Otsego County friend of
 Creditor's Name Court Co: otsego County
 Number Street
800 Livingston Blvd 1a
 City Gaylord State Michigan ZIP Code 49735

Describe the property that secures the claim:

\$ 14,854.05 \$ Unknown \$ UnknownSurety and Judgment Bond

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Offset Discharge

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2017Last 4 digits of account number 2017 016811-VM

Wexford/missaukee friend
 Creditor's Name of Court/ CO: missaukee
 Number Street
401 N. Lake street #800
 City Cadillac Michigan 49601

Describe the property that secures the claim:

\$ 0 \$ 0 \$ 0Unknown/UnassessedSurety & Judgment BondsAs of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Offset Discharge

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2024Last 4 digits of account number 2027-016811-452024-3559-FH

84th District Court
 Creditor's Name 437 East Division St.
 Number Street
Cadillac Michigan 49601

Describe the property that secures the claim:

\$ 125.00 \$ Unknown \$ UnknownUnassessedDrivers License/
Right to travelAs of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Offset Discharge

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2021Last 4 digits of account number 24-894-01-1Add the dollar value of your entries in Column A on this page. Write that number here: \$14,979.05If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$

Debtor 1

David Glen Thompson

First Name Middle Name

Last Name

Case number (if known)

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
Do not deduct the value of collateral.Column B
Value of collateral that supports this claimColumn C
Unsecured portion if any

<input type="checkbox"/> <u>United States Department</u>	Describe the property that secures the claim:	\$ <u>Unknown</u>	\$ <u>Unknown</u>	\$ <u>Unknown</u>	
Creditor's Name <u>OF Defense</u>		military Service Contract			
Number <u>1400</u>	Street <u>Defense Pentagon</u>	As of the date you file, the claim is: Check all that apply.			
City <u>Washington</u> State <u>DC 20301-4000</u>		<input type="checkbox"/> Contingent			
		<input checked="" type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
Nature of lien. Check all that apply.					
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					<u>offset - Discharge</u>
<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
<input type="checkbox"/> Judgment lien from a lawsuit					
<input type="checkbox"/> Other (including a right to offset)					
Who owes the debt? Check one.		Date debt was incurred			Last 4 digits of account number <u>0009</u>
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim relates to a community debt					
Who owes the debt? Check one.		Date debt was incurred			<u>1993</u>
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim relates to a community debt					<u>offset Discharge</u>
Who owes the debt? Check one.		Date debt was incurred			<u>10/2002/15/15</u>
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim relates to a community debt					
Who owes the debt? Check one.		Date debt was incurred			<u>11-2022</u>
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim relates to a community debt					
Who owes the debt? Check one.		Date debt was incurred			<u>N/A</u>
Add the dollar value of your entries in Column A on this page. Write that number here:					\$ <u>166,905²⁸</u>
If this is the last page of your form, add the dollar value totals from all pages.					\$ <u> </u>
Write that number here:					\$ <u> </u>

Debtor 1

David Glen Thompson

First Name Middle Name

Last Name

Case number (if known)

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
Do not deduct the
value of collateral.Column B
Value of collateral
that supports this
claimColumn C
Unsecured
portion
of any

Sandra Jean Paige

Creditor's Name

4155 Lachance Rd

Number

Street

Describe the property that secures the claim:

\$ Unknown

\$ Unknown \$

Bonds performance society

Lake City Michigan 49651

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred

2024/25

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number

Unknown

\$ Unknown \$ Unknown \$

Mary Alice Jean Brooks

Creditor's Name

Unknown

Number

Street

Describe the property that secures the claim:

\$ Unknown \$ Unknown \$

Bonds / performance

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred

2023

Last 4 digits of account number

22-261-CZ-2

Clerk of Court 28th Circuit

Creditor's Name

111 S. Canal Street

Number

Street

Describe the property that secures the claim:

\$ 27,000 \$ Unknown \$

Bonds performance

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred

10/27/24

Last 4 digits of account number

24000 703

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$ 27,000

Debtor 1

David Glen Thompson

First Name

Middle Name

Last Name

Case number (if known)

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

84th District Court

Creditor's Name
111 South Canal Street

Number Street

Lake City Michigan 49651

City State ZIP Code

Describe the property that secures the claim:

Bonds / securities

Column A
Amount of claim
Do not deduct the
value of collateral.

\$ 3672

plus

Column B
Value of collateral
that supports this
claim

\$ UNKNOWN

Column C
Unsecured
portion
if any

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2024

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge

24-825-FY-2

Last 4 digits of account number _____

46th Circuit Court

Creditor's Name
225 West Main Street

Number Street

Describe the property that secures the claim:

\$ 5600 plus \$ UNKNOWN

Bonds securities

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2017

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge

20170168110M

Last 4 digits of account number _____

84th District Court

Creditor's Name
111 South Canal Street

Number Street

Describe the property that secures the claim:

\$ 2635 plus \$ UNKNOWN

Bond Securities

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2021

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge

2021011484 DC

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 11,907 plus

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Debtor 1

David Glen Thompson

First Name

Middle Name

Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
Do not deduct the
value of collateral.Column B
Value of collateral
that supports this
claimColumn C
Unsecured
portion
if any

46th Circuit Court

Describe the property that secures the claim:

\$ UNKNOWN \$ UNKNOWN \$

Creditor's Name

225 West Main Street

Number

Street

Bonds / Securities / Warrants

Gaylord Michigan 49735

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2017

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge ~

17-16811-UM

Last 4 digits of account number _____

Missaukee County Friend of Court

Describe the property that secures the claim:

\$ UNKNOWN \$ UNKNOWN \$

Creditor's Name

401 N. Lake Street

Number

Street

Bonds / Securities

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2021

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge ~

91383115

Last 4 digits of account number _____

88th Circuit Court

Describe the property that secures the claim:

\$ UNKNOWN \$ UNKNOWN \$

Creditor's Name

111 South Canal Street

Number

Street

Bonds / Securities

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2021

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge ~

2110484-DC

Last 4 digits of account number _____

UNASSESSABLE

\$ UNKNOWN

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Debtor 1

David Glen Thompson

First Name Middle Name

Last Name

Case number (if known)

Additional Page

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

 28th Circuit CourtCreditor's Name
111 South Canal Street

Number Street

Describe the property that secures the claim:

Bonds / Securities

\$15,000

\$15,000

Column C
Unsecured portion
If any

Lake City Michigan 49651

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

 Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2022

Nature of lien. Check all that apply.

 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset 1,500

22-16672 PD

Last 4 digits of account number

\$15,000 \$15,000

 84th District CourtCreditor's Name
111 South Canal Street

Number Street

Describe the property that secures the claim:

Bonds / Securities

\$15,000 \$15,000

Lake City Michigan 49651

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

 Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2023

Nature of lien. Check all that apply.

 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge

24-825 FY

Last 4 digits of account number

\$15,000 \$15,000

 28th Circuit CourtCreditor's Name
111 South Canal Street

Number Street

Describe the property that secures the claim:

Bonds / Securities

\$15,000 \$15,000

Lake City Michigan 49651

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

 Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2021

Nature of lien. Check all that apply.

 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge

2021-010484-DC

Last 4 digits of account number

\$15,000

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Debtor 1

David Glen Thompson

First Name Middle Name

Last Name

Case number (if known) _____

Part 1: Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

 28th Circuit Court

Describe the property that secures the claim:

\$ UNKNOWN

\$ UNKNOWN

Column C
Unsecured portion
If anyCreditor's Name
111 South Canal Street

Number Street

Bonds/Securities

City State ZIP Code
Lake City Michigan

As of the date you file, the claim is: Check all that apply.

 Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2025

Nature of lien. Check all that apply.

 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge

25-3579 FT

Last 4 digits of account number _____

 84th District Court

Describe the property that secures the claim:

\$ UNKNOWN \$ UNKNOWN \$

Creditor's Name
111 South Canal Street

Number Street

Bonds/Securities

City State ZIP Code
Lake City Michigan

As of the date you file, the claim is: Check all that apply.

 Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2023

Nature of lien. Check all that apply.

 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) offset Discharge

23-232-5P-2

Last 4 digits of account number _____

 Caberfat Emerg Group

Describe the property that secures the claim:

\$ 1487 \$ UNKNOWN \$

Creditor's Name
PO Box 650763

Number Street

Bonds

As of the date you file, the claim is: Check all that apply.

 Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 11/24

Nature of lien. Check all that apply.

 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) medical/offset Discharge

29X1042 18630

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 1487

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$

Debtor 1

David Glen Thompson

First Name Middle Name

Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
Do not deduct the
value of collateral.Column B
Value of collateral
that supports this
claimColumn C
Unsecured
portion
If any

MUNSON Health Care

Creditor's Name
900 Hobart street

Number Street

Describe the property that secures the claim:

\$ 1633

\$ UNKNOWN

Cadillac Michigan

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Medical offset Discharge

00829801

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 1633 plus

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ 165,911.33

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Michigan</u>			
Case number (If known)			

MICHELLE M. WILSON
CLERK, USBC MIW

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

Employer's name

Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$2250.00</u>	\$ _____
3. Estimate and list monthly overtime pay.	3. + \$ _____	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$2250.00</u>	\$ _____

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
Copy line 4 here.....	→ 4. \$ _____	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ _____
5f. Domestic support obligations	5f. \$ <u>1500.00</u>	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ _____	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ _____	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ _____	+ \$ _____ = \$ _____
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ _____	\$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ <u>2250.00</u> Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <u>Reopened Disability claim VA</u>		

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Michigan</u>			
Case number (If known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Daughter

Dependent's age

6

Does dependent live with you?

 No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

 No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 500.00

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ 3700.00 yr
 4b. \$ _____
 4c. \$ _____
 4d. \$ _____

Debtor 1

David Glen Thompson
 First Name Middle Name Last Name

Case number (if known) _____

Your expenses	
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>200⁶⁸</u>
6b. Water, sewer, garbage collection	6b. \$ <u>50⁰⁰</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>72⁰⁰</u>
6d. Other. Specify: _____	6d. \$ _____
7. Food and housekeeping supplies	7. \$ <u>400⁰⁰</u>
8. Childcare and children's education costs	8. \$ _____
9. Clothing, laundry, and dry cleaning	9. \$ _____
10. Personal care products and services	10. \$ _____
11. Medical and dental expenses	11. \$ _____
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ _____
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ _____
14. Charitable contributions and religious donations	14. \$ _____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ _____
15c. Vehicle insurance	15c. \$ <u>120⁰⁰</u>
15d. Other insurance. Specify: _____	15d. \$ _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ _____
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ _____
19. Other payments you make to support others who do not live with you. Specify: <u>Child Support</u>	19. \$ <u>1600⁻ mo</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowner's, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Homeowner's association or condominium dues	20e. \$ _____

Debtor 1

David Glen Thompson
 First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.	\$ <u>2952⁰⁰</u> <u>+</u>
22b.	\$ <u>00</u> <u>0</u>
22c.	\$ <u>2952⁰⁰</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23a.	\$ <u>2250⁰⁰</u>
23b.	-\$ <u>2952⁰⁰</u>
23c.	\$ <u>148-782⁰⁰</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.
 Yes.

Explain here:

FILED AM 8:47
2025 APR 7

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Michigan</u>			
Case number (If known)			

MICHELLE M. WILSON
CLERK, USBC MIW Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

 No Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.



Signature of Debtor 1

Date 43 2025

MM / DD / YYYY



Signature of Debtor 2

Date _____

MM / DD / YYYY